

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-025066

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District 1003

Registrar's No. 6200

STATE FILE NUMBER

FILED JUL 12 1962

1. PLACE OF DEATH  
a. COUNTY. - -

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION City Hospital

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
1829 S. 10th Street.

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Arlene

Mary

Pope

4. DATE OF DEATH

Month

Day

Year

June

21, 1962

5. SEX

Female

6. COLOR OR RACE

Cau.

7. Married ☐ Never Married ☐  
Widowed ☐ Divorced ☒

8. DATE OF BIRTH

Dec 3, 05 57

9. AGE (last birthday)  
IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Psychiatric Aid

10b. KIND OF BUSINESS OR INDUSTRY  
State Hospital

11. BIRTHPLACE (City and state or country)  
St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

Gustav Parsons

13b. MOTHER'S MAIDEN NAME

Catheryne Brasse

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
NO

17. INFORMANT

Address

Catheryne Hicks 1829 S. 10th St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Digitalis intoxication with cardiac arrest;

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Self ingested in home, on or about June 20th, 1962.

DUE TO (c)

While suffering from temporary Myocardial aberration.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

971.8

Suicide

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE ☒

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

see above

20c. TIME OF INJURY

Hour

Month, Day, Year

6-20-62

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  
Home

20f. CITY, TOWN, OR LOCATION

St. Louis, Mo.

COUNTY

STATE

21. I attended the deceased from

to

and last saw him alive on

Death occurred at

12-A

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Helen L. Taylor, Coroner

22b. ADDRESS

1300 Clark Ave

22c. DATE SIGNED

6-21-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

June 21, 1962

23c. NAME OF CEMETERY OR CREMATORY

Valhalla Crematory

23d. LOCATION (City, town, or county)

St. Louis County, Missouri

24. FUNERAL DIRECTOR

ADDRESS

McLaughlin 2301 Lafayette Ave  
St. Louis 4, Missouri

25. DATE RECD. BY LOCAL REG.

JUN 22 1962

26. REGISTRAR'S SIGNATURE

Robert Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

7-2

VS 300  
Rev. 4/59

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

29

30

31

32

33

34

35

36

37

38

39

40

41

42

43

44

45

46

47

48

49

50

51

52

53

54

55

56

57

58

59

60

61

62

63

64

65

66

67

68

69

70

71

72

73

74

75

76

77

78

79

80

81

82

83

84

85

86

87

88

89

90

91

92

93

94

95

96

97

98

99

100

101

102

103

104

105

106

107

108

109

110

111

112

113

114

115

116

117

118

119

120

121

122

123

124

125

126

127

128

129

130

131

132

133

134

135

136

137

138

139

140

141

142

143

144

145

146

147

148

149

150

151

152

153

154

155

156

157

158

159

160

161

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed H. L. Farris

Licensed Embalmer No. 3384

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.